FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

 	1997	T. L. T. L.	DIVISION OF CORPORATIONS	ı
FILING FEE \$ 203.75			5 Corporation Supplemental Fee RIDA DEPARTMENT OF STATE	
Name and Ma of Limited Liab			T# _{L9300000087}	٦
J. J.	K. COMP	ANY, L.C.		卜
6455	S. TROPIC			6

1997 Secretary of Sta	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT O 1 Name and Malling Address of Limited Liability Company DOCUMENT #L9300000008	SECRETARY OF STATE TALLAHASSEE, FLORIDA
J. J. K. COMPANY, L.C. 6455 S. TROPICAL TRAIL MERRITT ISLAND FL 32952	ta. Principal Place of Business Address 6455 S. TROPICAL TRAIL MERRITT ISLAND FL 32952
11 above mailing address is Incorrect in any way, line through incorrect information and enter correction. 2. Principal Place of Business 500 Cocoa Beach CSwy Suite, Apt. #, etc.	3. Date Organized or Qualified 3a. State of Formation 4. FEI Number
City & State Cocoa Beach Zip Country 32 931 City & State City & State City & State Cocoa Beach Zip Country 32 931	Applied For 59-3260905 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 88 (s Additional for Resputed)
32 93 USA 32 93 USA 7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
KNOBEL, HEINZ A 6455 S. TROPICAL TRAIL MERRITT ISLAND FL 32952	"", "
9. Pursuant to the provisions of Sections 608.416 and 606.508, Florida Statutes, the above its registered office or registered agent, or both, in the State of Florida. Such change was author as registered agent, and accept the obligations. SIGNATURE (Registered Agent accepting Appointment) (NOTE Registered Agent signature required.)	rized by affirmative vote of a majority of the members. I hereby accept the appointment
	Street Address City, State and Zip Code
IGRM KNOBEL, HEINZ 6455 S. TROPI IGRM GOLDEN SUN A.G., LIMMAPTALSPR.	
	D. gan 5/16/97

limited liability company or the receiver or trustage empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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VIV	21 T	M. I.	UΠ	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER